Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:
Report Filed By: CANDIDATE

Friends of Will Nott
PO Box 483

City: Willow Grove

State: PA
Zip Code: 19090

TYPE OF REPORT

(place X to the right of report type)

| TYPE                        | 1. 8TH TUESDAY Pre-Primary | 2. 2ND FRIDAY Pre-Primary | 3. 30 DAY POST PRIMARY
|-----------------------------|----------------------------|---------------------------|---------------------------

| TYPE                        | 4. 8TH TUESDAY Pre-Election | 5. 2ND FRIDAY Pre-Election | 6. 30 DAY POST ELECTION
|-----------------------------|-----------------------------|---------------------------|---------------------------

| TYPE                        | ANNUAL REPORT (X)          | REPORT YEAR (X)           | 2012
|-----------------------------|-----------------------------|---------------------------|---------------------------

Date of Election: MO. DAY YEAR

District Number: 46
Office Code: 07
Party Code: DEM
County Code:

Summary of Receipts and Expenditures from: 04/10/2012 To: 12/31/2012

| A. Amount Brought Forward From Last Report | $0.00 |
| B. Total Monetary Contributions and Receipts (From Schedule I) | $0.00 |
| C. Total Funds Available (Sum of Lines A and B) | $0.00 |
| D. Total Expenditures (From Schedule III) | $0.00 |
| E. Ending Cash Balance (Subtract Line D from Line C) | $0.00 |
| F. Value of In-Kind Contributions Received (From Schedule II) | $0.00 |
| G. Unpaid Debts and Obligations (From Schedule IV) | $0.00 |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this day of _____ 20_.

Signature

My commission expires MO. DAY YR.

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this day of _____ 20_.

Signature

My commission expires MO. DAY YR.

NOTARIAL SEAL

KYLIE WADE
Notary Public
UPPER MORELAND TWP. MONTGOMERY CTY
Notary Commission Expires Jun 26, 2013

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

DSEB-502 (7-99)
## SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

#### Detailed Summary Page

<table>
<thead>
<tr>
<th>Name of Filing Committee or Candidate</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends of John Doe</td>
<td>From 4/10/12 To 12/31/12</td>
</tr>
</tbody>
</table>

1. **UNITIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR**

| TOTAL for the Reporting Period (1) | $ 0.00 |

2. **CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)**

| Contributions Received from Political Committees (Part A) | $ 0.00 |
| All Other Contributions (Part B)                           | $ 0.00 |
| TOTAL for the Reporting Period (2)                         | $ 0.00 |

3. **CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)**

| Contributions Received from Political Committees (Part C) | $ 0.00 |
| All Other Contributions (Part D)                           | $ 0.00 |
| TOTAL for the Reporting Period (3)                         | $ 0.00 |

4. **OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

| TOTAL for the Reporting Period (4)                         | $ 0.00 |

**TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD** (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 8.)

| $ 0.00 |